## CERTIFICATION OF ENROLLMENT

### HOUSE BILL 1309

# 57th Legislature 2001 Regular Legislative Session

Passed by the House February 20, 2001 Yeas 97 Nays 0	CERTIFICATE		
Speaker of the House of Representatives	We, Timothy A. Martin and Cynthia Zehnder, Co-Chief Clerks of the House of Representatives of the State of Washington, do hereby certify that the attached is <b>HOUSE BILL 1309</b> as passed by the House of Representatives and the Senate on the dates hereon set		
Speaker of the House of Representatives	forth.		
Passed by the Senate April 4, 2001 Yeas 49 Nays 0	Chief Clerk		
	Chief Clerk		
President of the Senate			
Approved	FILED		
Governor of the State of Washington	Secretary of State		
CONCERNED OF CHIC SCACO OF MADRILINGCOM	State of Washington		

H-0102.1			
11 0102.1			

#### HOUSE BILL 1309

Passed Legislature - 2001 Regular Session

#### State of Washington

57th Legislature

2001 Regular Session

By Representatives Edwards, Van Luven, Cody, Skinner, Schual-Berke, O'Brien, Reardon, Mulliken, Dunshee, Pennington, Rockefeller, Eickmeyer, Ruderman, Darneille, Fromhold, Wood, Cooper, Hatfield, Linville, Grant, Keiser, Kenney, McIntire, Campbell, Edmonds and Kagi

Read first time 01/23/2001. Referred to Committee on Health Care.

- 1 AN ACT Relating to the credentialing of hemodialysis technicians;
- 2 amending RCW 18.135.020 and 18.135.060; creating new sections; and
- 3 providing an effective date.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 <u>NEW SECTION.</u> **Sec. 1.** There are concerns about the quality of care
- 6 dialysis patients are receiving due to the lack of uniform training
- 7 standards for hemodialysis clinical personnel working in renal dialysis
- 8 facilities in this state. Currently, hemodialysis technicians are
- 9 trained by the facilities, and most facilities have established
- 10 training programs providing from six to eight weeks of ongoing
- 11 training. Training is not standardized and varies among facilities.
- 12 Some facilities offer no on-site training. National studies indicate
- 13 that renal dialysis facilities avoid costs by reducing staffing levels
- 14 and substituting untrained technicians for professional nurses
- 15 generally in response to inadequate medicare reimbursements. These
- 16 studies also suggest a resulting increase in patient morbidity and
- 17 mortality.
- 18 The legislature finds that the regulation of hemodialysis
- 19 technicians will increase the level of professionalism in the state's

p. 1 HB 1309.PL

- 1 renal dialysis facilities, providing increased quality assurance for
- 2 patients, health care providers, third-party payers, and the public in
- 3 general. The legislature declares that this act furthers the public
- 4 health, safety, and welfare of the people of the state.
- 5 **Sec. 2.** RCW 18.135.020 and 1997 c 133 s 1 are each amended to read 6 as follows:
- 7 As used in this chapter:
- 8 (1) "Secretary" means the secretary of health.
- 9 (2) "Health care assistant" means an unlicensed person who assists 10 a licensed health care practitioner in providing health care to
- 11 patients pursuant to this chapter. However persons trained by a
- 12 federally approved end-stage renal disease facility who perform end-
- 13 stage renal dialysis in the home setting are exempt from certification
- 14 under this chapter.
- 15 (3) "Health care practitioner" means:
- 16 (a) A physician licensed under chapter 18.71 RCW;
- 17 (b) An osteopathic physician or surgeon licensed under chapter
- 18 18.57 RCW; or
- 19 (c) Acting within the scope of their respective licensure, a
- 20 podiatric physician and surgeon licensed under chapter 18.22 RCW, a
- 21 registered nurse or advanced registered nurse practitioner licensed
- 22 under chapter 18.79 RCW, or a naturopath licensed under chapter 18.36A
- 23 RCW.
- 24 (4) "Supervision" means supervision of procedures permitted
- 25 pursuant to this chapter by a health care practitioner who is
- 26 physically present and is immediately available in the facility during
- 27 the administration of injections, as defined in this chapter, but need
- 28 not be present during procedures to withdraw blood.
- 29 (5) "Health care facility" means any hospital, hospice care center,
- 30 licensed or certified health care facility, health maintenance
- 31 organization regulated under chapter 48.46 RCW, federally qualified
- 32 health maintenance organization, renal dialysis center or facility
- 33 federally approved under 42 C.F.R. 405.2100, blood bank federally
- 34 licensed under 21 C.F.R. 607, or clinical laboratory certified under 20
- 35 C.F.R. 405.1301-16.
- 36 (6) "Delegation" means direct authorization granted by a licensed
- 37 health care practitioner to a health care assistant to perform the
- 38 functions authorized in this chapter which fall within the scope of

- 1 practice of the delegator and which are not within the scope of 2 practice of the delegatee.
- 3 **Sec. 3.** RCW 18.135.060 and 2000 c 171 s 30 are each amended to 4 read as follows:
  - (1) Except as provided in subsection (2) of this section:

5

15

16

17 18

19

20

- (a) Any health care assistant certified pursuant to this chapter 6 7 shall perform the functions authorized in this chapter only by 8 delegation of authority from the health care practitioner and under the 9 supervision of a health care practitioner acting within the scope of his or her license. In the case of subcutaneous, intradermal and 10 intramuscular and intravenous injections, a health care assistant may 11 12 perform such functions only under the supervision of a health care practitioner having authority, within the scope of his or her license, 13 14 to order such procedures.
  - (b) The health care practitioner who ordered the procedure or a health care practitioner who could order the procedure under his or her license shall be physically present in the immediate area of a hospital or nursing home where the injection is administered. Sensitivity agents being administered intradermally or by the scratch method are excluded from this requirement.
- (2) A health care assistant trained by a federally approved end-21 stage renal disease facility may perform venipuncture for blood 22 23 withdrawal, administration of oxygen as necessary by cannula or mask, 24 venipuncture for placement of fistula needles, connect to vascular 25 catheter for hemodialysis, intravenous administration of heparin and 26 sodium chloride solutions as an integral part of dialysis treatment, 27 and intradermal, subcutaneous, or topical administration of local anesthetics in conjunction with placement of fistula needles, and 28 29 intraperitoneal administration of sterile electrolyte solutions and 30 heparin for peritoneal dialysis: (a) In the center or health care facility if a registered nurse licensed under chapter 18.79 RCW is 31 physically present and immediately available in such center or health 32 33 care facility; or (b) in the patient's home if a physician and a 34 registered nurse are available for consultation during the dialysis.
- NEW SECTION. Sec. 4. The secretary of health is authorized to establish a task force to assist in the development of core competencies and minimum training standards for mandatory training

p. 3 HB 1309.PL

- 1 programs to be utilized by renal dialysis facilities for training
- 2 hemodialysis technicians as health care assistants pursuant to this
- 3 act. The secretary shall appoint to the task force persons
- 4 knowledgeable in renal dialysis practice, including nephrologists,
- 5 dialysis nurses, patient care hemodialysis technicians, dialysis
- 6 patients, and other individuals with expertise. The secretary may
- 7 appoint succeeding advisory task forces for reviewing and updating
- 8 future requirements as necessary.
- 9 <u>NEW SECTION.</u> **Sec. 5.** Section 2 of this act takes effect March 1, 10 2002.

--- END ---